

**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
ETHICS COMMISSION**

REQUEST FOR ADVISORY ETHICS OPINION

NAME _____

ADDRESS _____

PHONE NUMBER _____

REQUESTER IS:

OFFICER ☐ **EMPLOYEE** ☐ **CANDIDATE** ☐ **MEMBER OF PUBLIC** ☐

STATE FACTS IN THE SPACE BELOW, BEING AS SPECIFIC AS POSSIBLE. IF YOU HAVE COPIES OF ANY OTHER OPINIONS FROM ANY SOURCE OR OTHER MATERIAL ON THIS SUBJECT MATTER, PLEASE ATTACH THEM TO THIS REQUEST.

[illegible]

DO YOU WAIVE THE CONFIDENTIALITY OF THE OPINION? YES ☐ NO ☐

DATE _____

SIGNATURE